


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000004084
 1. Entity Name
 DECORATIVE DRIVEWAY SYSTEMS LLC



Principal Place of Business: 327 TRANQUILLA AVE, PORT SAINT LUCIE FL 34983 US
 Mailing Address: 327 TRANQUILLA AVE, PORT SAINT LUCIE FL 34983 US



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

1st MOORE CR2E083 (10/05)

4. FEI Number: 56-0584335 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 VANKIRK, WILLIAM
 327 TRANQUILLA AVE
 PT ST LUCIE FL 34953

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE: MGRM NAME: VANKIRK, WILLIAM STREET ADDRESS: 327 TRANQUILLA AVE CITY-ST-ZIP: PT ST LUCIE FL 34953	<input type="checkbox"/> Delete
TITLE: MGRM NAME: FORBES, JERAMIAH STREET ADDRESS: 327 TRANQUILLA AVE CITY-ST-ZIP: PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE: MGRM NAME: KALLATCH, WILLIAM J STREET ADDRESS: 353 SW TRANQUILLA AVE. CITY-ST-ZIP: PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

U00000496563
 04/22/06-80017-022 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *W. E. Vankirk* W. E. VANKIRK 3/4/06 772 877 4407